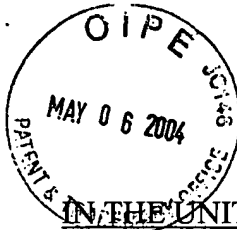




Title: Computer-Aided Group-Learning
Methods and Systems

) Examiner:

344.00 OP

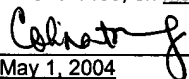


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application) PATENT APPLICATION
)
Inventor(s): Ho et al.)
)
SC/Serial No.: 10/729583) Art Unit:
)
Attorney Docket #: 150C3)
)
Filed: December 5, 2003) Examiner:
)
Title: Computer-Aided Group-Learning)
Methods and Systems)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to **Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450**, on May 1, 2004.

 (Signature)
Colina Tong, Dated: May 1, 2004

PRELIMINARY AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ☒ A Preliminary Amendment.
- ☐ A Response under 37 C.F.R. § 1.111 to the Office Action dated ____.
- ☐ A Response under 37 C.F.R. § 1.116 to the Office Action dated ____.
- ☐ A Petition for an Extension of Time under 37 C.F.R. § 1.136.
- ☐ A Terminal Disclaimer.
- ☐ A Statement pursuant to 37 C.F.R. § 1.27 to establish small entity status under 37 C.F.R. § 1.9(f).
- ☐ An Information Disclosure Statement pursuant to 37 C.F.R. § 1.56.

The fee associated with this communication has been calculated as shown below:

☐ No fee is required with this communication.

☐ A fee of \$240.00 is due for the submission of the accompanying Information Disclosure Statement.

☐ A fee for addition of claims under 37 C.F.R. § 1.17 is due as follows:

Claims Remaining After Amendment		Highest Previously Paid For		Number Extra *		Large Entity Rate		
Total Claims	20	- (20 or more)	=	0	X	\$18.00	= \$.00
Independent Claims	7	- (3 or more)	=	4	X	\$86.00	= \$	344.00
First Presentation of Multiple Dependent Claim(s)				0	X	\$270.00	= \$	0.00
* If the difference is less than zero, enter "0".				Additional Fee = \$				344.00

The total fee required with this communication is \$ 344.00 and is to be paid as follows:

☐ Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this authorization is enclosed.

☒ A check in the amount of \$344.00 is enclosed.

☒ The Commissioner is hereby authorized to charge underpayment of any fees, including the following fees, associated with this communication or credit any overpayment to Deposit Account No. 50-0727. A duplicate copy of this authorization is enclosed.

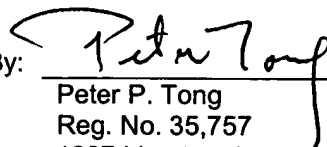
☐ Any filing fee under 37 C.F.R. § 1.16 for the presentation of additional claims.

☐ Any patent application processing fees under 37 C.F.R. § 1.17 including any applicable fee for extension time.

Respectfully submitted,

Date: May 1, 2004

By:



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